

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
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43		/				
44		/				
45		10				
46		10				
47	/					
48		/				
49		/				
50		/				
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	24	↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56	/					
57		10				
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98						
99						
100						
TOTAL IND.	1	↓	8	↓		↓
TOTAL DEP.	15	↓	89	↓		↓
TOTAL CLAIMS			97			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY